## blue 🗑 of california



## **Health Maintenance Organization (HMO)**

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Combined Evidence of Coverage and Disclosure Form for the Basic Plan and the HMO Supplement to Original Medicare Plan

**Effective January 1, 2010** 

## Blue Shield of California HMO Service Areas By Geographical Cluster and County



## **Blue Shield of California**

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For inquiries, issues or requests, please contact Member Services:

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